

Comparative Assessment of Satisfaction Among Outpatient Department Patients Visiting Secondary and Tertiary Level Government Hospitals of a District in Delhi

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Introduction

Satisfaction is an important element in the evaluation of services rendered by a hospital. It refers to the patient's state of being adequately rewarded. Patient satisfaction is a measure of success of the services being provided by the hospitals.

Other industries have been paying attention to customer satisfaction for years. Healthcare, especially in the public health sector, is the only industry that, for years, has left the customer out of it.⁽¹⁾ It is easier to evaluate the patient's satisfaction toward the service, rather than evaluate the quality of medical services that they receive.⁽²⁾ Therefore, a research on patient satisfaction can be an important tool to improve the quality of services.^(1,3)

The present study is an effort to find out and compare the satisfaction levels of patients visiting the secondary and tertiary levels of the Public Health System in a district of Delhi.

Materials and Methods

This cross-sectional study was conducted in the secondary and tertiary Government Hospitals of

North-East Delhi. Two hospitals – one tertiary care hospital, (which was the only tertiary care hospital in North East Delhi) and one secondary care hospital, which was randomly selected using random numbers from the list of secondary care hospitals in the study area – were included in the study. From the available literature, it was found that a hospital delivers good services if the overall level of satisfaction is greater than 50%. For comparative analysis and in the absence of the availability of similar studies in India, the sample size was calculated assuming the difference in percentage of patient satisfaction in the secondary and tertiary hospitals as 15%. Using the EPI Info software, with prevalence of patient satisfaction in one of the hospitals as 50%, with a difference of 15% on either side, for 95% confidence interval and 80% power, the sample size calculated was 170 in each hospital.

The interview was conducted among the Outpatient Department patients (above 18 years and in case of pediatric patients, their attendant above 18 years) on their exit from the respective clinical departments. All clinical departments, including, Surgery; Medicine; Obstetrics and Gynecology; Ophthalmology; Ear, Nose, and Throat (ENT); Orthopedics; Skin; Pediatrics; Radiology; and Dentistry were included, in both the hospitals. Two teams were constituted, which conducted 10-15 interviews/day/team in all the departments, over a period of 20 working days. Starting at 9:30 a.m., the patients exiting the department, every 10 minutes, were interviewed. The team administering the questionnaire comprised of a postgraduate student and an MBBS student posted in the Department of Community Medicine, who were trained for the purpose. In all,

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400 people were interviewed, 200 interviews in each hospital, and an equal number from all the clinical departments.

The data was collected on the Patients' Perception of Quality questionnaire, which was adopted from a study conducted in the Government Hospitals in the State of Uttar Pradesh (UP), by Rao *et al.*⁽⁴⁾ The responses were noted as 'agree', 'disagree', or 'no answer'. The items in this questionnaire were translated in Hindi for our study tool. The study tool was pretested and validated before use. The questionnaire was administered by the interviewer and the data was analyzed using Microsoft Excel.

Results

Among the 400 subjects interviewed during the data collection, 361 were included in the statistical analysis and the remaining were not included, because of incomplete information. A majority (72.3%) of the responders were male. The mean ages of the responders were 33.70 and 35.90 years in secondary and tertiary hospitals, respectively. About 18% of the responders were illiterate. About half belonged to a joint family, in both the groups. Nearly half (47.1 and 51.3% in the secondary and 42.7% in the tertiary hospital) the study subjects belonged to the lower socioeconomic status category as per the Kuppaswamy classification. The sociodemographic profile of the patients was similar in the two hospitals.

The results regarding each question are shown in Table 1. More respondents in the secondary hospital were satisfied with the availability of medicines, as they were able to get the medicines easily. Around four-fifth of the respondents agreed that complete information was provided to them on the illness, treatment, and the methods to avoid illness, in the secondary care level hospital. However, in the tertiary care hospital, only one-third replied that they were given complete information on these ($P < 0.0001$). More patients in the secondary care hospital agreed that the doctor gave them adequate time and the behavior of hospital personnel was satisfactory, as compared to that in the tertiary hospital.

About 65.2% felt that the place for giving samples could be located easily, and 70.4% agreed that the reports of investigations were received in time in the secondary care hospital, while the same percentages for the tertiary hospital were 41.3 and 65.4%.

Overall, in the secondary hospital, 76.1% respondents termed the hospital services as satisfactory, 78.8% were satisfied with the treatment given, 78.5% stated that the services provided were worth the money spent, and

94.5% replied that they would like to visit the facility again in case the need arose, while the same proportion was 36.8, 32.8, 24.0, and 16.9%, respectively, in the tertiary hospital ($P < 0.0001$) [Table 2].

Discussion

This study was done to assess the satisfaction of patients with the services being rendered in the secondary and tertiary hospitals located in east Delhi. It was observed that half of the patients were satisfied with the availability of essential medicines. In a study done by Sivalenka,⁽⁵⁾ the supply of medicines was also identified as an area of concern. Making good quality medicines available is an essential requirement if one wishes to satisfy the patients coming to government hospitals.

A greater proportion of respondents in the secondary hospital than in the tertiary hospital, mentioned that they had been provided complete information on their illness, its treatment, and prevention. The secondary hospital patients were also more satisfied by the quality time given by the doctors. Higher patient load in the tertiary hospital forced the doctors to spend less time per patient, and probably, this situation could be improved by increasing the number of doctors.

The satisfaction level of patients was lesser with the behavior of other health personnel as compared to that of doctors. However, it was still better in the secondary hospital than in the tertiary hospital. The results in the secondary hospital were similar to those reported by Kumara *et al.*⁽⁶⁾ Better monitoring of the staff, due to lesser patient load, in the secondary hospital could be the reason for the same.

In both hospitals, more than half of the patients were satisfied with the timely reporting of investigations. However, the proportion was slightly more in the secondary hospital. Not being able to locate the departments in the hospital was cited as a constraint by some responders. Due to paucity of space in urban areas, the expansion of hospitals is often unplanned. Moreover in multistoried buildings, without proper signboards it sometimes becomes difficult to locate the departments, even by educated people. Properly visible sign boards at different places should be installed to deal with this problem, or patients in the waiting area could be shown a presentation/ movie regarding the location of the various Investigating Units.

More than half the respondents were not satisfied by the general cleanliness of the hospital. Lack of cleanliness and unsatisfactory condition of the toilets is a hallmark of government hospitals and play a very important role in making people dissatisfied with the services, especially when they compare it with the private sector. This

Table 1: Patients perception of the quality of services available (n=361)

	Agree n (%)		Disagree n (%)		Statistical test
	Secondary (181)	Tertiary (180)	Secondary (181)	Tertiary (180)	
Q1. Hospital has all essential medicines	105 (58)	79 (44.1)	76 (42)	101 (55.9)	$\chi^2=7.2$ $P<0.003$
Q2. Able to get medicines easily	106 (58.6)	85 (47)	75 (41.4)	95 (53)	$\chi^2=4.6$ $P<0.015$
Q3. Advise on methods to avoid illness	146 (80.6)	55 (30.8)	35 (19.4)	125 (69.2)	$\chi^2=91.8$ $P<0.0001$
Q4. Complete information on illness given	144 (79.8)	42 (23.3)	37 (20.2)	138 (76.7)	$\chi^2=114.2$ $P<0.0001$
Q5. Complete information on treatment given	148 (81.6)	44 (24.6)	33 (18.4)	136 (75.4)	$\chi^2=119.1$ $P<0.0001$
Q6. Hospital personnel talk politely	115 (63.3)	83 (45.9)	66 (36.7)	97 (54.1)	$\chi^2=11.1$ $P<0.0004$
Q7. Hospital personnel helpful	126 (69.7)	79 (43.9)	55 (30.4)	101 (56.1)	$\chi^2=24.3$ $P<0.0001$
Q8. Doctor gave enough time to explain	155 (85.6)	32 (17.5)	26 (14.5)	148 (82.5)	$\chi^2=166.4$ $P<0.0001$
Q9. Doctor listened carefully	147 (81.1)	27 (15.2)	34 (18.9)	153 (84.8)	$\chi^2=158.5$ $P<0.0001$
Q10. Doctor checked carefully	144 (79.5)	50 (27.7)	37 (20.4)	130 (72.3)	$\chi^2=97.3$ $P<0.0001$
Q11. Doctor ready to answer questions	148 (81.7)	55 (30.7)	33 (18.3)	125 (69.3)	$\chi^2=96.2$ $P<0.0001$
Q12. Doctor gave adequate time	148 (81.9)	49 (27.1)	33 (18.1)	131 (72.9)	$\chi^2=108.3$ $P<0.0001$
Q13. Place for giving samples easily located	118 (65.2)	74 (41.3)	63 (30.9)	106 (58.6)	$\chi^2=21.0$ $P<0.0001$
Q14. Reports of investigations received in time	127 (70.4)	118 (65.4)	54 (29.6)	62 (34.6)	$\chi^2=0.8$ $P<0.17$
Q15. Cleanliness adequate	70 (38.9)	95 (52.9)	111 (61.1)	85 (47.1)	$\chi^2=7.2$ $P<0.003$
Q16. Condition of toilets satisfactory	100 (55.4)	78 (43.4)	81 (44.6)	102 (56.6)	$\chi^2=5.1$ $P<0.011$
Q17. Drinking water available	120 (66.1)	144 (79.9)	61 (33.9)	36 (20.1)	$\chi^2=8.6$ $P<0.001$

Table 2: Overall satisfaction of patients with the services available (n=361)

Overall satisfaction	Good n (%)		Poor n (%)		Statistical test
	Secondary (181)	Tertiary (180)	Secondary (181)	Tertiary (180)	
Hospital service	138 (76.1)	66 (36.8)	43 (23.9)	114 (63.3)	$\chi^2=57.5$ $P<0.0005$
Treatment	143 (78.8)	59 (32.8)	38 (21.2)	121 (67.2)	$\chi^2=78.3$ $P<0.0001$
Value for money spent	142 (78.5)	43 (24.0)	39 (21.5)	137 (76.0)	$\chi^2=107.5$ $P<0.0001$
Future preference for the service	171 (94.5)	30 (16.9)	10 (5.5)	150 (83.1)	$\chi^2=221.4$ $P<0.0001$

also dissuades many people from visiting government hospitals, and this needs to be improved. Similar findings have been observed in some other studies.⁽⁵⁻⁸⁾

The overall level of satisfaction was significantly higher in the secondary hospital and more people were willing to visit the secondary hospital again rather than the tertiary hospital. One of the reasons could be that, due to the lack of a proper referral system,⁽⁹⁾ large numbers of patients with minor ailments visited the tertiary hospital

leading to overload, and therefore, were difficult to manage and satisfy. On the other hand, the patient load was comparatively less at the secondary level, and hence, it was easier to manage and satisfy them at that level. It is, therefore, very important to bring a proper referral system in operation in public hospitals, so that the patient load is proportionally distributed and managed well at the primary, secondary, and tertiary levels. This will not only relieve the overburdened tertiary sector, but also improve the satisfaction level of patients at this level.

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